

## THE CLEVELAND MUSEUM OF

**FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE**  
**MAY 8 to JUNE 16, 1963**

Born in Cleveland  YES  NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

**Collaborator if any**

## Artist

Jacqueline  
FIRST NAME

**FIRST NAME**

BLOCH  
LAST NAME

**LAST NAME**

Address 4097 Silsby Cleve 18  
NO.  STREET  CITY CLEVE ZONE 18

Cuy  
COUNTY

Tel. EA-1-8682

Out-of-town residents should state whether return shipment is required.  YES  NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.**

Use second blank if required

## **IMPORTANT**

REG'D MAR 11 1963  
IMPORT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.  
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Jacqueline Bloch  
SIGNATURE